

## State of Maine (An Equal Opportunity Employer)

## Employment Application (revised February 2015)

Lä	ast Name		First Na	me			M.I.	Social	Security Number		
Н	ave you ever worke	d, atta	ined licer	nsing or	r certification, attended school or been convicted of a criminal					ted of a criminal	
of	ffense under a differ				414	3	<i>(</i> 1				
N	Yes_ ame #1	N(	If so,	what is	Name		(ent	er bel	ow)		
1 4	unic #1				Ivanic	11 <b>Z</b>					
	"2					<i>''</i> 4					
Name #3				Name #4							
М	ailing Address				Town			State	State ZIP Code		
Н	ome Phone #	Wo	rk Phone	#		Email Address					
Ti	tle of the Job You're	Apply	ing For						Job Class Code		
		,	J								
V	Veteran's Preference: See pamphlet "Veteran's Preference in Maine State Service" or go to										
	tp://www.maine.gov/										
	rms if applicable.	,	<u> </u>	<u> </u>							zzz rana aleazme,
	Not Claimed										
Ļ	5 Points (Require		•	\/A C+-+		- F D:-	ا: ا ــــــــــــــــــــــــــــــــــ	:4\			
	<u>10 Points (Requinulation 10 Points (Requinula</u>								aain no	rmanontly in the	NIC are eligible
	or employment. Car										
	tates?	. , , , ,	arcer erri	310 y 111C1	ne, sabn			acioni	or your	regar right to we	on the onice
	☐ Yes ☐ No	)									
	re you a present or orked)	former	Maine S	tate em	nployee?	· [	] Ye	es [	No	(If yes, provide las	st Department
		Job Tit	le		Begin	Date			End	Date	
	'										
D	o you have a curren	nt Main	e driver's	license	e? 🔲	Yes		No			
If	yes, what type?	Cla	ss A 🗌	Class	в 🗌 (	Class	С				
Α	re you willing to tra	vel on t	he job?		es 🗌 l	No					
If	yes, are you willing	to use	your ow	n vehic	cle?	Yes		No			
Α	re you willing to wo	rk: [	] Saturo	lays [	Sund	days		] Holi	days		
Are you willing to work overtime?   Yes				$\square$ No What shifts are you willing to work? $\square 1^{st}$ $\square$ $2^{nd}$ $\square$ $3^{rd}$							
	FOREIGN LANGUAGE SKILLS										
Language			Sp	oeak 🗌			Read		Wı	rite 🗌	
	Language			Sp	oeak 🗌			Read		Wı	rite 🗌

Geograp	hic Pre	ference
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Candidates are asked to specify the geographic areas of the State in which they will accept employment by completing the form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you.

F = Full Time P = Part Time T = Temporary/ActingS=Seasonal Т 0 **All Counties** 21 Hancock □ 42 Piscataquis Androscoggin 22 Bar Harbor 43 Dover-2 Lewiston 23 **Bucksport** 44 Greenville 3 Livermore 24 Ellsworth 45 Sagadahoc 4 Aroostook 25 Kennebec 46 Bath 5 26 48 Ashland Augusta Somerset 6 Caribou 27 Augusta-RPC 49 Skowhegan 7 Fort Kent 28 Waterville 50 Waldo 8 Houlton 29 Knox 51 **Belfast** 9 30 Rockland 52 Madawaska Washington Thomaston 53 1 Presque Isle 31 **Bucks Harbor** 1 Van Buren 32 Lincoln 54 Calais 1 Cumberland 55 33 Boothbay **Eastport** 1 Portland 34 Oxford 56 Machias 1 Brunswick 35 57 York Norway 1 South Portland Biddeford 36 Rumford 58

59

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State of Issue

Kittery

Sanford

**Expiration Date** 

Saco

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License Number

Penobscot

Charleston

Millinocket

Bangor DDPC

Bangor

Windham MCC

Name of License, Registration or

Certification

Franklin

Rangeley

Farmington

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	<u>Ed</u>	ucation					
Last Yr Completed	Name and Location	Sem Hrs	Qtr Hrs	Major	Minor	Yr Of Deg	Degre e Type
High School						Leave Blank	
College or University							
Grad School							
Prof School							
Other							
	Professional Licenses, Ce	rtificatio	ns and	Registra	tions		1

Important Instructions for (	Completing Employment History
tasks and levels of responsibility. Part or all of you	eer jobs. Be thorough and specific in the detailing of
Current or Most Recent Employer	From (mm/dd/yyyy) - <b>To-</b> (mm/dd/yyyy): -
Complete Address & Phone Number	Last Weekly Pay \$
Your Title	Hours/Week
Number & Titles of Employees You Supervised	Supervisor's Name & Title
Duties	
Reason for Leaving	
Employer #2	From (mm/dd/yyyy) - <b>To-</b> (mm/dd/yyyy): -
Complete Address & Phone Number	Last Weekly Pay \$
Your Title	Hours/Week
Number & Titles of Employees You Supervised	Supervisor's Name & Title
Duties	
Reason for Leaving	
Employer #3	From (mm/dd/yyyy) - <b>To-</b> (mm/dd/yyyy): -
Complete Address & Phone Number	Last Weekly Pay \$
Your Title	Hours/Week
Number & Titles of Employees You Supervised	Supervisor's Name & Title
Duties  Peacen for Leaving	
Reason for Leaving	

Employer #4	From (mm/dd/yyyy) -To- (mm/dd/yyyy):
	-
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
Reason for Leaving:	
Employer #5	From (mm/dd/yyyy) -To- mm/dd/yyyy): -
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
Reason for Leaving:	
Employer #6	From (mm/dd/yyyy) -To- (mm/dd/yyyy): -
Complete Address and phone number:	Last Weekly Pay \$
Your Title:	Hours/Week:
Number & Titles of Employees You Supervised:	Supervisor's Name & Title:
Duties:	
Reason for Leaving:	

The State of Maine conducts background checks.	
Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered, military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include here any juvenile adjudications or traffic violations not listed above. Some positions require disclosure of juvenile adjudications. Applicants for these positions will be required to disclose juvenile adjudications on a supplemental form provided for that purpose.	
Please print your answer (either "Yes" or "No") in the space provided:	
If yes, please list: Offense(s)  Date of Conviction(s)	
<del></del>	
Not all conviction(s) or adjudication(s) will automatically disqualify you from employment but will considered in relation to specific job requirements. Omission or misrepresentation of this information we result in employment ineligibility.	
Please read and sign the following statement: I certify, under penalty of law, that the	
information given in this application is correct and complete to the best of my knowledge. I am	1
aware that, should investigation at any time show falsification, I will not be considered for	
employment or, if employed, I may be dismissed. I hereby authorize the State of Maine, the	
Department of Administrative and Financial Services, Bureau of Human Resources and agencies	;
to whom my name is certified/referred to make all necessary investigations concerning me, my	
work habits, character, or my action in any transaction. I authorize the State of Maine to check	(
my driving record if the position for which I am applying requires driving. I understand that I $$	
may be asked to submit to a pre-employment drug test, a credit history check, tax clearance	
check, fingerprinting and/or a criminal history background check as a condition of employment.	
I authorize the Bureau of Human Resources or its assignee to receive and make available to	
other state agencies my academic records or other material pertinent to my qualifications, and	
further authorize and request each former employer, person given as reference, educational	
institution or organization (including law enforcement agencies) to provide all information that	
may be sought in connection with my application. I understand and agree that I will be require	d
to ratify the information contained in this application by signature as a condition of employment	

Date \_\_\_\_\_

Signature \_\_\_\_

	AGENCY PERSON	INEL USE ONLY	
Minimum Qualifications	Pass Fail C	Date	Rater's Name
Testing Record	F	Results	
Notes/Comments			
Hired in Classification Title	Agency	Effective Date	Position Number

APPLICANT INFOR INSTRUCTIONS TO THE APPLICANT: The State of Maine is an Equal of being compiled by the Maine Bureau of Human Resources to comply or requirements. You are <b>not required</b> to furnish this information, but CONFIDENTIAL. The page will be removed from your application prior	Opportunity Employer. The information solicited on this page is with Federal record-keeping regulations and EEO/Affirmative Action your cooperation is encouraged. The information on this form is		
RACIAL/ETHNIC DEFINITIONS	I. I have read the paragraph above and do not wish to		
0. WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	provide the information.		
$1. \   \text{BLACK (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.}$	2. Enter your date of birth		
2. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	(month) (day) (year)		
3. ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for	<b>3.</b> Enter your racial/ethnic group code number (refer to definitions at left)		
example, China, Japan, Korea, the Philippine Islands, and Samoa.			
4. AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	4. What is your sex? A. Female B. Male		
6. OTHER			
DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:	PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)		
EEO/AFFIRMATIVE ACTION REGULATIONS:			
EEO/AFFIRMATIVE ACTION REGULATIONS:  (The requirements are different from State Veterans Preference)  VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active	TO YOU (refer to definitions at left)		
EEO/AFFIRMATIVE ACTION REGULATIONS:  (The requirements are different from State Veterans Preference)  VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.  DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the	TO YOU (refer to definitions at left)  5. Vietnam Era Veteran		
EEO/AFFIRMATIVE ACTION REGULATIONS:  (The requirements are different from State Veterans Preference)  VIETNAM ERA VETERAN: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.  DISABLED VETERAN: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the	TO YOU (refer to definitions at left)  5. Vietnam Era Veteran		

## **Filling of Vacancies**

**CAREER OPPORTUNITY BULLETINS** are published by the Bureau of Human Resources to show typical duties, job requirements, geographic location, salary and availability. Bulletins are available at Maine CareerCenters and on the Internet at <a href="http://www.maine.gov/bhr/state\_jobs">http://www.maine.gov/bhr/state\_jobs</a>. Read the bulletin pertaining to each classification before making application, as supplemental information may be required.

**SEPARATE APPLICATIONS:** A complete application must be submitted for each separate classification title/code.

**SUPPLEMENTAL OR ADDITIONAL INFORMATION:** Answer questions or supply additional information to meet requirements as stated within the bulletin.

**CLOSED CLASSIFICATIONS:** Application material received for closed classes or after the closing date will be returned.

**VOLUNTEER WORK:** Volunteer work is accepted towards meeting minimum entrance requirements and establishing a score through numerical evaluation of training and experience (T & E). Be sure to provide length and hours per week of assignments.

**RESUMES:** The information submitted on this application will be the basis for evaluating an applicant's training and experience. A resume may be used to supplement this information but not to replace any of the required information.

**COPIES OF THE APPLICATION:** Please retain a copy of your application before it is submitted.

**PROOF:** With this application, furnish required proof of military service, education, training, registration, certification or licensing. Legible duplicates of licenses, registrations, certifications, diplomas, transcripts and related documents are accepted.

**VERIFICATION OF WORK EXPERIENCE, EDUCATION AND TRAINING:** Reference checks will be completed by the hiring agency before selection. The agency may also verify registrations, certifications, licensing, education or training.

**HIRING INTERVIEWS:** Interviews are conducted by the agency. Please bring a resume and list of references to the interview.

**UNCLASSIFIED EMPLOYEES:** Unclassified employees are treated as non-state employees for selection purposes in the classified service.

**PROBATION PERIOD:** All employees must complete at least a six-month probation period. This is part of the selection process.